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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17678**
Registrar's No. **5116**

XC-19784 310
Reg. 15905
SL-9715 FILED JUN 7 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, write RURAL and give town) 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (in this place) 32 days	c. CITY OR TOWN EAST ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) E. c. (Last) CECIL		4. DATE OF DEATH (Month) (Day) (Year) 5-25-56	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-19-93
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) MIDDLESBORO, KENTUCKY
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME FRANK M. CECIL	
13b. MOTHER'S MAIDEN NAME MAUDE B. CONVERSE		14. NAME OF HUSBAND OR WIFE DOROTHY V. CECIL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. 336 100 315	17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS, 915 N. GRAND, ST. LOUIS, MO. ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia, post operative ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial pneumonia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 5-18-56		19b. MAJOR FINDINGS OF OPERATION Bronchogenic Carcinoma with abscess	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		162x	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-23-56 , 19___, to 5-25-56 , 19___, and that death occurred at 7:50 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE D. G. Rumer		23b. ADDRESS VA Hospital 915 N. Grand, St. Louis, Mo.	23c. DATE SIGNED 5-25-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-25-56	24c. NAME OF CEMETERY OR CREMATORY E. St. Louis, Ill	24d. LOCATION (City, town, or county) (State) E. St. Louis, Ill
DATE REC'D BY LOCAL REG. MAY 28 1956	REGISTRAR'S SIGNATURE Edw. Fendler	25. FUNERAL DIRECTOR'S SIGNATURE Edw. Fendler ADDRESS 5611 So. Grand	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W E Morris*.....

Licensed Embalmer No. *336*

P.O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.